



Uniform Medical Plan

Your health. Your plan. Your choice.

Volume 8, Issue 1

Provider Bulletin

January 2006

Please circulate the *UMP Provider Bulletin* to the appropriate clinical, billing, and bookkeeping staff.

Uniform Medical Plan Web site: www.ump.hca.wa.gov

UMP Offers Wellness Program in 2006

To encourage our enrollees to take care of their health, UMP will initiate a new wellness program in 2006 called *Health Counts!* Adult enrollees can earn points for healthy behaviors, such as exercising, quitting smoking, completing an online health survey, getting preventive care screenings, or losing weight. Those with enough points will get a \$30 rebate on their premiums.

Studies show the reason most often cited by patients for not getting health screenings is that their doctors don't recommend them. We ask that you encourage your patients to get timely preventive care screenings. UMP pays network providers 100% for preventive health screenings (see the list of services covered in the *Certificate of Coverage* or on the Web site). These services are not subject to any deductible and are **free** to UMP enrollees.

Colon Cancer Screening for Enrollees Over 50

This January, UMP will be joining other state agencies in promoting colon cancer screening for enrollees over age 50. We'll be mailing cards reminding them to have this very important, potentially life-saving test. Recent studies suggest that patients want their health care provider's advice about colon cancer screening. Help us improve the rates of colon cancer screening in Washington: talk about colon cancer screening with your patients ages 50 and over.

For more information on colorectal cancer screening recommendations please see the American Cancer Society's Web site at www.cancer.org/.

Growth in UMP Enrollment for 2006

UMP enrollment is growing again for 2006. Based on preliminary numbers, UMP PPO enrollment has grown by more than 7% (over 5,500 subscribers), while UMP Neighborhood increased almost 80%! So roughly 49% of all Public Employees Benefits Board (PEBB) subscribers are covered by UMP PPO and UMP Neighborhood in 2006!

In This Issue

UMP Offers Wellness Program in 2006.....	1
Colon Cancer Screening for Enrollees Over 50.....	1
Growth in UMP Enrollment for 2006.....	1
Changes to UMP Benefits for 2006	2
Changes to the <i>UMP Preferred Drug List</i> (UMP PDL) effective January 1, 2006	3
Hospital Network Changes	3
New Provider Contracts Coming Soon.....	3
UMP Payment Systems, Coding, Policies, and Billing Updates	4
UMP Now Offers Electronic Payment to Interested Providers	6
Submit Claims Electronically <i>With Attachments</i> Using Office Ally	6
Billing Manuals Coming Soon	6

To obtain this document in another format, call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805.

TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.

How To Reach Us

UMP Web site www.ump.hca.wa.gov

Secure services through OneHealthPort
www.onehealthport.com

Claims Processing and Preauthorizations 1-800-464-0967
or 425-686-1246
Fax 425-670-3199

- Claims and benefits information
- Customer service and general billing questions
- Medical review and prenotification/preauthorization
- Enrollee eligibility information
- Status of submitted claim
- Verify provider's network status

Automated Enrollee Eligibility Information 1-800-335-1062
Have subscriber I.D. number available, and select #2 for PEBB subscriber information

Provider Credentialing and Contracting Issues 1-800-292-8092
or 206-521-2023
Fax 206-521-2001

- Billing manuals and payment policies
- Change of provider status
- Fee schedules
- Network provider contract information
- New provider enrollment
- Policies and procedures
- *Provider Bulletin* feedback
- Request a printed preferred drug list

Beech Street Preferred Network* 1-800-432-1776
www.beechstreet.com

For network providers outside of Washington and the Idaho counties of Bonner, Kootenai, Latah, and Nez Perce

**Note: The Beech Street network does not apply to Medicare-primary enrollees.*

Alternare Health Services 1-800-500-0997
(a subsidiary of American WholeHealth Networks) www.alternare.com

Preferred network information for licensed massage practitioners, naturopathic physicians, and licensed acupuncturists

Express Scripts, Inc. 1-800-763-5502
To submit prescriptions 1-800-763-5502
Fax 1-800-396-2171

Preauthorization of prescription drugs 1-800-417-8164
Fax 1-877-697-7192

Free & Clear 1-800-292-2336
Tobacco cessation program information www.freeclear.com

Changes to UMP Benefits for 2006

Preauthorization Changes

UMP has added an item to the preauthorization list that was generally not covered in the past:

- **Negative Pressure Wound Therapy Pumps** and related services.

Two items will still require preauthorization in some instances, but fewer than before:

- **Genetic testing:** Fewer cases will now require preauthorization. Cases associated with pregnancy or treatment decisions for a condition already diagnosed do **not** require preauthorization.
- **Positron Emission Tomography (PET) Scans:** Previously required preauthorization for all cases; beginning in 2006, PET scans for diagnosis or staging of cancer do not require preauthorization.

Change to Massage Therapy Benefit

Massage therapy services were previously part of the physical, occupational, and speech therapy benefit and subject to an annual limit of 60 visits for all therapies combined. As of January 2006, massage therapy is a separate benefit limited to 16 visits each calendar year. The physical, occupational, and speech therapy benefit still has a 60-visit annual limit.

Massage therapy is covered **only** for services to improve or restore function lost due to an acute musculoskeletal injury or an exacerbation of a chronic musculoskeletal injury. The benefit is not intended to cover massage to preserve or retain a current level of activity or health.

Please note: Massage therapy services are covered only when prescribed for a diagnosed condition by a qualified clinician and based on a written treatment plan. Non-network massage therapists are not covered by UMP.

Coverage for Specialty Drugs

Beginning January 1, 2006, UMP is changing how it covers specialty drugs. Prescriptions for specialty drugs are limited to a 30-day supply per prescription/refill. The initial fill for a given specialty drug prescription may be obtained from a retail pharmacy; however, all subsequent fills must be through UMP's specialty drug vendor, CuraScript.

To order a specialty drug from CuraScript, either the patient or the provider should call CuraScript at 1-866-413-4135. The customer service associate will

ask for the patient's name, UMP I.D. number, address, daytime phone number, name of drug, date of next fill, and physician name and phone number. If the patient initiates the order, the CuraScript pharmacy team will contact the physician to obtain a prescription and confirm the order.

A patient care coordinator will call the patient to arrange delivery, which may be to the patient's home, workplace, friend's home, or physician's office. Specialty drugs require special handling and storage, so someone must sign for the package at the time of delivery.

Most specialty drugs are covered as preferred (Tier 1). However, if a brand-name specialty drug has a generic equivalent available, it is covered as nonpreferred (Tier 3). When the prescriptions are ordered from Curascript, the Tier 1 copay is \$10, and the Tier 3 copay is \$100. Switching to a generic when feasible could save your patients a lot of money.

For more information on specialty drug coverage, see the UMP 2006 *Certificate of Coverage*.

Changes to the UMP Preferred Drug List (UMP PDL) effective January 1, 2006

The *UMP Preferred Drug List* (UMP PDL) is based on the Washington State Preferred Drug List (Washington PDL) and the Express Scripts National Formulary. The UMP PDL is updated on a quarterly basis. This means that some drugs may change their cost-share classification (tier) during the year. See the UMP *Certificate of Coverage* or UMP Web site for more information on how the drug pricing tiers work.

When a drug goes from Tier 2 (preferred brand-name) to Tier 3 (nonpreferred brand-name), the enrollee will have to pay a significantly higher cost. In addition, some nonpreferred drugs are subject to substitution under the Therapeutic Interchange Program (TIP). If the prescriber has endorsed the Washington PDL, UMP patients will automatically receive the preferred drug in place of any nonpreferred drug that's subject to TIP. If you or your patient do not want a drug to be substituted, you can write the prescription to be dispensed as written (DAW). For these reasons, it is a good idea to discuss medication alternatives with your UMP patients.

To see the complete *UMP Preferred Drug List*, the list of drugs changing from preferred to nonpreferred (Tier 2 to Tier 3), or the list of drugs affected by TIP, visit the UMP Web site at www.ump.hca.wa.gov.

Hospital Network Changes

UMP is pleased to announce that two hospitals joined the UMP network effective November 1, 2005:

St. Joseph Regional Medical Center in Lewiston, Idaho, and Legacy Salmon Creek Hospital in Vancouver, Washington.

St. Joseph's is a 160-bed multispecialty hospital that provides diagnostic, emergency, surgical, obstetric, surgical, cardiology, mental health, and cancer care services. The hospital serves patients from both Washington and Idaho.

Legacy Salmon Creek Hospital in Vancouver, Washington is a state-of-the-art facility with 150 beds and plans to expand. It is a full-service community hospital, offering emergency services, surgery, obstetric, cancer and cardiac care, and diagnostic services.

Southwest Washington Medical Center in Vancouver, Washington has terminated its contract with UMP effective December 31, 2005. Facility services received there on or after January 1, 2006, will be paid as non-network. Letters have been sent to UMP enrollees in that area informing them of this change to the UMP network.

New Provider Contracts Coming Soon

UMP will be sending out new provider contracts soon. Not everyone will get one at the same time, but you can expect to receive your new contract by mid-2006. The revised contract includes new sections required by HIPAA and changes that in many cases are more favorable to the provider and simpler to read. It also promotes simplification and consistency of contract language throughout the UMP network, replacing some that were issued in 1993 and 1999. If you have questions about the new contracts, please call UMP Provider Services at 1-800-292-8092.

UMP Copyright Information

Physicians' Current Procedural Terminology (CPT™) five-digit codes, descriptions, and other data only are copyright 2005 American Medical Association (AMA). All rights reserved. No fee schedules, basic units, relative values, or related listings are included in CPT™. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for data contained or not contained herein. Applicable FARS/DFARS apply. CPT™ is a registered trademark of the AMA.

UMP Payment Systems, Coding, Policies, and Billing Updates

The 2006 Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) level II codes have been implemented for payment of claims with dates of service on or after January 1, 2006. The UMP payment systems and fee schedules posted on our Web site (www.ump.hca.wa.gov) have been updated with the new procedure codes maximum allowance information. Please note that codes deleted in the 2006 CPT or HCPCS publications are not valid for dates of service after December 31, 2005.

UMP Professional Provider Fee Schedule

Additional Bundled Procedure Codes

For professional providers, new 2006 CPT and HCPCS level II procedure codes that are considered bundled services or supplies are identified in the following table. (Payment for these services is included in the reimbursement of other procedures/services, so they are not separately payable by UMP.)

Code	Brief Description
99051	Med serv, eve/wkend/holiday
99060	Out of office emerg med serv
99143	Mod cs by same phys, < 5 yrs
99144	Mod cs by same phys, 5 yrs +
99145	Mod cs by same phys add-on
99148	Mod cs diff phys < 5 yrs
99149	Mod cs diff phys 5 yrs +
99150	Mod cs diff phys add-on
99339	Domicil/r-home care supervis
A4218	Sterile saline or water
A4363	Ostomy clamp, replacement
A4411	Ost skn barr extnd =4sq
A4412	Ost pouch drain high output
A5120	Skin barrier, wipe or swab
A6457	Tubular dressing
G0372	MD service required for PMD
Q0510	Dispens fee immunosuppressive
Q0511	Sup fee antiem, antica, immuno
Q0512	Px sup fee anti-can sub pres
Q0513	Disp fee inhal drugs/30 days
Q0514	Disp fee inhal drugs/90 days

UMP Professional Provider Fee Schedule for Drugs and Biologicals

UMP will accept 2006 CPT and HCPCS drug and administration codes for payment of claims with dates of service on or after January 1, 2006. The UMP allowed amounts for the new administration codes are based on the Centers for Medicare & Medicaid Services (CMS) 2006 relative value units. These amounts and our updated rates for drugs and biologicals administered in the practitioner's office are included on the *UMP Professional Provider Fee Schedule for Drugs and Biologicals* posted on the UMP Web site at www.ump.hca.wa.gov. If the UMP allowed amount for a particular drug or biological is less than your invoice cost, you are welcome to submit a request for reconsideration of the payment level along with a copy of the invoice.

Drug Administration Services Payment Policies

UMP generally follows the CMS payment policies for drug administration services, which include the following:

"Initial" Services (CPT Codes 90760, 90765, 90774, 96409, 96413)

Only one "initial" drug administration code is payable per encounter unless protocol requires that two separate IV sites must be utilized or the patient comes back for a separately identifiable service on the same day. In this case, the second "initial" service code should be reported with modifier -59.

E&M Services Reported with Drug Administration Services

Office visit code 99211 is not separately payable with drug administration services (CPT codes 90760-90779, CPT codes 96401-96549). Other separately identifiable E&M services reported with a -25 modifier on the same day are payable.

Concurrent Infusion Services

Concurrent infusion (CPT code 90768) is payable only once per day.

UMP Coding Edits

UMP's third party claims administrator (TPA) is updating its correct coding edits and related policies in the claims processing system to be consistent with current National Correct Coding Initiative (NCCI) edits/policies. The TPA plans to incorporate any changes to NCCI edits on a quarterly basis, following the release of the updates posted on the CMS Web site.

UMP Fee Schedule for Ambulatory Surgery Centers

Effective January 1, 2006, the UMP fee schedule for ambulatory surgery centers (ASC) has been increased to the rates listed in the table below. This is an interim step, as we are considering alternatives to the current ASC groupings and intend to implement a procedure-based ASC fee schedule for 2007.

UMP ASC Fee Schedule	
ASC Group	1/1/06 Rate
1	\$618.00
2	\$828.00
3	\$947.00
4	\$1,169.00
5	\$1,331.00
6	\$1,517.00
7	\$1,847.00
8	\$1,790.00
9	\$2,485.00

The updated fee schedule rates are based on 175% of the current Centers for Medicare and Medicaid Services' (CMS) highest ASC rates for Washington State. With the changes to the rates, we have updated our payment policies for ASC claims to be more consistent with Medicare payment policies (including the application of multiple surgery pricing and bundling rules).

These changes are the first phase of our ASC reimbursement refinement project. We are continuing to evaluate the UMP ASC fee schedule and payment policies this year and will be considering alternatives to the current reimbursement methodology. When we are further along in our evaluation process, we will provide project updates and give our State Agency Technical Advisory Group (including network ASCs) an opportunity to provide input regarding the future ASC payment policy and fee schedule updates.

UMP Payment Policy for After Hours Services

After hours office codes are payable in addition to other services only when the provider's office is not regularly open during the time the service is provided. After hours 24-hour facility codes are payable in certain situations where a provider is called to the facility to treat a patient. These codes are not payable when billed by emergency room physicians, anesthesiologists/anesthetists, radiologists, laboratory clinical staff or other providers who are paid to be on call at the time of service. The medical record must document the medical necessity and urgency of the service.

Only one code for after hours services will be paid per patient per day, and a second "day" may not be billed for a single episode of care that carries over from one calendar day to the next.

CPT Code	Brief Description
99050	Medical services after hrs
99053	Med serv 10pm-8am, 24 hr fac

While the following code is generally not separately payable, UMP may allow separate payment in extenuating circumstances.

CPT Code	Brief Description
99060	Out of office emerg med serv

UMP follows Medicare policy, which does not allow separate payment for the following codes. These codes are bundled on the fee schedule.

CPT Code	Brief Description
99051	Med serv, eve/wkend/holiday
99056	Med serv out of office
99058	Office emergency care

UMP Hospital Reimbursement Systems

UMP inpatient and outpatient hospital reimbursement systems have been updated with the contracted 2006 rates. The current All Patient Diagnosis Related Grouper (AP-DRG) weights are available on the UMP Web site. The Outpatient Prospective Payment System continues to be updated quarterly based upon CMS's outpatient code editor updates.

Diabetes Education and Medical Nutrition Therapy Payment Policies Clarification

UMP follows Medicare policy, which allows dietitians to bill directly for diabetic self-management training (DSMT) services performed in collaboration with a Medicare-approved outpatient diabetes education program. In these situations, the dietitians are part of a multi-disciplinary team providing DSMT services for the program. This includes situations where Medicare-approved programs also allow dietitians in rural areas to be the sole provider of DSMT services. The DSMT must be billed with HCPCS code G0108 or G0109 (both are time-based codes) for payment consideration. The DSMT services may also be provided through telemedicine technology. When the DSMT has been provided through telemedicine technology, modifier "GT" should be used with the code. UMP allows a combined total of 10 hours annually for diabetic education services reported under HCPCS codes G0108 or G0109.

(see page 6)

Coverage in excess of 10 hours a year requires UMP preauthorization/medical review for payment.

Medical nutrition therapy (MNT) is covered for diabetes and renal disease conditions. The MNT must be billed with the applicable CPT codes 97802–97804 for payment consideration. Note that CPT code 97802 is payable only for an initial MNT visit. CPT code 97803 must be used for all individual reassessments and all interventions after the initial visit. CPT code 97804 is used for all MNT group visits, initial and subsequent. UMP follows Medicare guidelines that allow up to 3 hours of MNT in the initial year (with 2 hours of follow up in subsequent years). Like Medicare, UMP will consider additional hours of MNT if there is a change in the medical condition, diagnosis, or treatment regimen.

Providers should not bill and will not be paid for both DSMT (HPCS G0108/G0109) and MNT (CPT 97802–97804) on the same date of service.

Billing Reminders

- CMS's current 2-digit place-of-service codes must be included on the CMS-1500 claim form for UMP payment consideration. A new place of service code (03) was added for "Pharmacy" effective October 1, 2005. Refer to the *UMP Billing and Administrative Manual for Professional Providers* for a complete listing of these codes.
- UMP does not cover self-referred or self-prescribed physical, occupational, speech, or massage therapy.
- The appropriate CMS-1500 or CMS-1450 (UB-92) claim form must be used when billing UMP. Submitting non-standard claim forms is inappropriate and can result in payment delays and denials.

UMP Now Offers Electronic Payment to Interested Providers

UMP has successfully completed its pilot project to establish electronic funds transfer (EFT) with several hospitals and physician practices. This service is now available to all interested network providers. Imagine having payments deposited automatically into the bank once your claims have been processed! UMP is now also able to offer an electronic Detail of Remittance through a selected clearinghouse. These services are also offered free of charge. If you'd like more information about how to receive electronic payment, please send a secure e-mail through your account on the UMP

provider portal (either through UMP's Web site or at www.onehealthport.com). Once in the UMP's Secure Provider portal, click on the Electronic Funds Transfer links. These links are located on the left navigational bar and in the center of the portal, under the category Reference/Forms. Then follow the easy instructions on how to send a secure mail if you would like more information on this capability.

Submit Claims Electronically With Attachments Using Office Ally

Does your practice still submit paper claims because payers can't accept attachments electronically? Effective January 2006, UMP will become the first health plan in Washington State to accept electronic claims with attachments using Office Ally. This Internet-based tool allows providers to either directly enter claims through a Web browser, or upload a batch file from existing claims data systems. Office Ally checks for correct dates, CPT and ICD-9 before sending your claims to UMP. You'll receive e-mail confirmation and feedback on incomplete claims within 24 hours. Your practice will be paid faster and the service is **free**!

Examples of attachments UMP can receive include medical reports, X-rays, copy of the enrollee's I.D. card, itemized bills, and other carriers' explanations of benefits (to name a few). When submitting claims, use UMP's payer ID number 75243.

You can register for this free service by clicking on "Office Ally" on the OneHealthPort Web site at www.onehealthport.com. If you have trouble registering, call Office Ally customer support at 949-464-9129.

Billing Manuals Coming Soon

No, we haven't forgotten! You should be receiving the updated *Billing & Administrative Manual for Professional Providers* or *Network Hospital Billing & Administrative Manual* in February 2006. Look at the UMP Web site in late January to see if they're posted yet, or subscribe to UMP's electronic mailing list. When UMP makes major benefit or policy changes, updates payment systems, or revises billing manuals, you will receive e-mail notification. It's easy to sign up by visiting the following Web address: listserv.wa.gov/archives/ump-providers.html.